

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>HARRIET MENEZES</i>	COURT CASE NUMBER <i>04-10365 JLT</i>
DEFENDANT <i>Karen Scopa</i>	TYPE OF PROCESS <i>2004 AUG - 5 5/302</i>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Karen Scopa</i> U.S. DISTRICT COURT DISTRICT OF MASS ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>122 Harborside Drive, Building 62, East Boston MA 02128</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>HARRIET MENEZES</i> <i>169 THOREAU ST, 8</i> <i>CONCORD MA 01742</i>	Number of process to be served with this Form - 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Phone (617) 567-5560  
Alternate address  
Terminal C, Association of Flight Attendants  
Logan International Airport  
Boston MA 02128

*Karen Scopa is a flight attendant at united and also is President of Local Assoc. of flight attendants*

Signature of Attorney or other Originator requesting service on behalf of:

*Harriet Menezes*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

*(978) 369 4683*

DATE

*7-26-04***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>Nancy Ingleton</i>	Date <i>7/26/04</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

*5 Bulls Eye Rd**Framingham, Mass**52 years old**978-356-7281**938-1537*

A person of suitable age and discretion then residing in the defendant's usual place of abode

Date of Service

*8/4/04*

Time

*7:05 am*

Signature of U.S. Marshal or Deputy

*[Signature]*

Served Fee <i>45</i>	Total Mileage Charges (including endeavors) <i>\$24.82</i>	Forwarding Fee <i>-</i>	Total Charges <i>\$69.82</i>	Advance Deposits <i>-</i>	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*7/27/04 - ABOVE ADDRESS NO GOOD FOR SERVICE OF PROCESS RETURN UNEXECUTED*

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of Massachusetts

Harriet Menezes, plaintiff

V.

Association of Flight Attendants, et al

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

04-10038 JLT

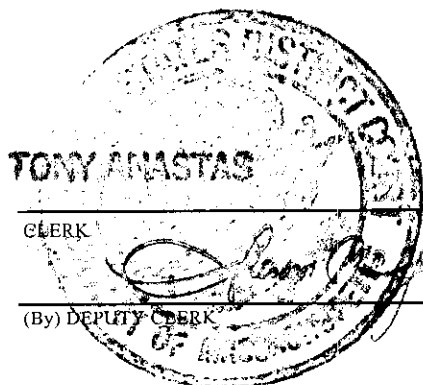
TO: (Name and address of Defendant)

Karen Scopa, President  
AFA Council 27  
122 Harborside Drive, Building 62  
East Boston, MA 02128

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Harriet Menezes, pro se  
169 Thoreau Street, Unit 8  
Concord, MA 01742

an answer to the complaint which is served on you with this summons, within 70 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



DATE

7-1-04

AO 440 (Rev. 10/93) Summons in a Civil Ac

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE
NAME OF SERVER ( <i>PRINT</i> )	TITLE

*Check one box below to indicate appropriate method of service*

- ☐ Served personally upon the third-party defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_  
Date Signature of Server

\_\_\_\_\_  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.